

EXHIBIT 30

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September 23, 2019

Elisa P. McEnroe
Morgan, Lewis & Bockius LLP
1701 Market Street
Philadelphia, PA 19103-2921

RE: *Desire Evans et al. v. Educational Commission for Foreign Medical Graduates*

Dear Ms. McEnroe

On September 9, 2019, I had the opportunity to see Desire Evans for an independent psychiatric evaluation. The evaluation was requested to comment on Ms. Evans' psychiatric condition in relation to the Complaint in *Desire Evans et al. v. Educational Commission for Foreign Medical Graduates*.

At the start of the examination, I discussed with Ms. Evans that the examination was not for purposes of treatment and it was not a confidential examination. I discussed with Ms. Evans that I would prepare a report based on the psychiatric evaluation and review of records.

The file included the following documents:

1. Medical Records: Plaintiffs0000000001 – Plaintiffs0000000571; Plaintiffs0000005735 – Plaintiffs0000006016
2. Complaint in *Russell et al. v. ECFMG* (12/31/2018)
3. Desire Evans' Answers to First Set of Interrogatories and Responses to First Set of Requests for Production of Documents (3/29/2019)
4. Desire Evans' Supplemental Answers to First Set of Interrogatories and Responses to First Set of Requests for Production of Documents (6/17/2019)
5. Deposition of Desire Evans (9/5/2019)
6. Class Action Complaint in *Dews v. Dimensions Health*, CAL 17-34091 (11/22/2017)
7. Desire Evans Answers to Interrogatories of Defendant Dimensions Healthcare Corporation D/B/A/ Prince George's Hospital Center (7/10/2018)
8. Deposition of Desire Evans, CAL 17-22761, CAL 17-37091, and CAL 18-07863 (3/28/2019)
9. Summary of Preliminary Psychiatric Interviews by Susan J. Fiest, M.D. (11/26/2018)
10. Expert Report of Jennifer L. Payne, M.D. (5/13/2019)

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HISTORY REPORTED BY DESIRE EVANS:

Desire Evans (██████████) said that she is involved in a lawsuit because the doctor who delivered her son had “identity fraud.” Ms. Evans said that he used different names and Social Security numbers to obtain his certification.

Ms. Evans said she assumed that Dr. Akoda had hurt other women because she felt that he had hurt her during the delivery of her son. Ms. Evans said that when she heard an ad telling anyone who had been Dr. Akoda’s patient to call a phone number, Ms. Evans assumed that Dr. Akoda had touched other women inappropriately. Ms. Evans said that when she called the number, she learned that the lawsuit was not, *per se*, malpractice. Ms. Evans said that it is her understanding that Dr. Akoda failed several certification tests, and he had reapplied using different Social Security numbers and names. Ms. Evans said she believes that Dr. Akoda was trying to degrade people. Ms. Evans could not understand why Dr. Akoda continued to submit applications to ECFMG using different names. Ms. Evans continued, “How do you even know he is who he said he was? I still don’t know who he is.” Ms. Evans said that the experience with Dr. Akoda affected her. Ms. Evans said that she lost complete trust in the medical field and has problems with trust. For example, she said she did not feel comfortable going in a car with a driver she did not know, and her husband took off from work to drive her to the independent psychiatric examination.

Ms. Evans said that her prenatal care was at the practice of Javaka Moore, MD. She said that during her pregnancy, she had to go to the practice chosen by Medicaid. She said she saw Dr. Moore and nurse practitioners. She said she had started to dilate at five months, and she was treated with progesterone. Ms. Evans said she was scheduled to be induced because she was two weeks past her due date. Ms. Evans said she expected that Dr. Moore would deliver her baby. She said she met Dr. Akoda on the day of the induction. She said a nurse had put in the epidural and given her Pitocin. She said she did not meet Dr. Akoda until her water broke, and at that time, she was in labor.

Ms. Evans said that Dr. Akoda was the only doctor in and out of the delivery room. She said that when her labor was not progressing, Dr. Akoda began to stimulate her clitoris. Ms. Evans said she questioned what he was doing, and he told her and her husband that this stimulation would help the baby come out. Ms. Evans said she was in labor and this felt weird and uncomfortable. Ms. Evans said she thinks the nurse was in the delivery room. Ms. Evans said she was not in stirrups at that time, but rather her mother and her husband were holding her legs. Ms. Evans repeated that Dr. Akoda made her feel uncomfortable. Ms. Evans said that she had an emergency C-section.

Ms. Evans had a six-week checkup with the nurse practitioner. Ms. Evans said that she had severe back and leg pain after the epidural, and she said she still has sciatic pain. She talked about the sciatic pain at her six-week checkup. She did not say anything about Dr. Akoda’s behavior during the delivery of her son.

Ms. Evans said she has not had any follow-up gynecologic care since her son was born. She said, “I don’t want anyone touching me down there.” Ms. Evans said that she lost trust after the

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delivery because her doctor did not show up, and the doctor who delivered her son was “another doctor who was supposed to be a doctor.” She said that she was uncomfortable with how he touched her. Ms. Evans said she does not see a primary care physician. She said she has been in treatment with a psychiatrist and a psychologist, and she has blood pressure and weight checks.

Ms. Evans began to cry. She said that she and her husband have only had sex two or three times since her son was born. She said that she feels uncomfortable if he tries to touch her. She said that her husband loves her. Ms. Evans said she is trying to work through this, and it is embarrassing.

Ms. Evans has Family Medical Leave for diagnoses of anxiety, depression, and posttraumatic stress disorder, and she has ADA accommodations for anxiety. Ms. Evans said that Dr. Ebony Cross is her psychiatrist, and she has been in treatment with Dr. Cross since April 2019. Ms. Evans said that her medications include [REDACTED]

[REDACTED]. Ms. Evans said that she has really bad anxiety that affects her sleep. She said that she does not believe she had postpartum depression. She said that she believes her problem was a consequence of losing complete trust in the medical field.

Ms. Evans said she has been in treatment with Dr. Donato for two years. Ms. Evans said that Dr. Donato has recommended YouTube videos about stress. Ms. Evans said that she is not a person who opens up to other people, and she does not like to talk about herself. She said that she schedules appointments with Dr. Donato as needed, and he completes forms for ADA and FMLA. Ms. Evans said that her ADA accommodations allow her to work from home, and her Family Medical Leave accommodations allow her to take days off for doctors’ appointments and anxiety. She can be out of work eight hours a day, three days a week. Ms. Evans said that she probably works 26 to 30 hours a week. Ms. Evans was crying as she related her history. Ms. Evans said that her ADA accommodations are permanent, but her FMLA leave requires updates.

Ms. Evans said that she will sometimes talk to Dr. Donato on the phone. She said that she spoke to her previous psychiatrist, Dr. Shanda Smith, on the phone. Ms. Evans said that it is her anxiety that keeps her up and it is her anxiety that affects her ability to focus. She said, “I walk around with a big ball of stress.”

Ms. Evans said that she had anxiety after the hospital experience, and she had serious trust issues about everything after the experience with Dr. Akoda. She said that her problems with trust increased when she learned about a lawsuit regarding Dr. Akoda.

Ms. Evans said that Dr. Donato referred her for a psychiatric evaluation with Dr. Nnamani. Ms. Evans said that she had only one appointment with Dr. Nnamani because the office was one hour from Ms. Evans’ home. Ms. Evans said that Dr. Nnamani diagnosed her with posttraumatic stress disorder. Ms. Evans said that she has a lot of pent up trauma and there was no specific abuse, but neglect. Ms. Evans said that she grew up in the church and her grandmother was a Pentecostal pastor who passed away in 2007. Ms. Evans said that she was 19 years old in 2007, through her date of birth shows that she would have been 28 years old in 2007. Ms. Evans said that her mother was 19 or 20 years old when Ms. Evans was born, and Ms. Evans’ grandmother

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was the constant person in her life. Ms. Evans said that she and her grandmother had everyday bible study. Ms. Evans said 50 or 60 people followed her grandmother's preaching. Ms. Evans said that after her grandmother died, she lost faith. Ms. Evans said that her grandmother was the most faithful servant of God, and she was a perfect human being. Ms. Evans said that her grandmother had breast cancer. Ms. Evans said she thought God was going to heal her grandmother, and she did not have any treatment. Ms. Evans was crying. She said she did not go back to the church after her grandmother's death.

Ms. Evans said that she had other trauma related to her brother. She said that she felt that she had to raise him. Ms. Evans said that she does not believe her mother acted in an intentional way not to care for her and her brother, but her mother was not available to raise her or her brother.

Ms. Evans said she did not have trust issues with doctors before the birth of her son. Ms. Evans said that she had trust issues with God. She repeated that since the birth of her son, she is not interested in sex. She said that she does not want to be touched by anyone. Ms. Evans said that she believes her husband has looked at her in a different way since the childbirth experience. She said that she has not wanted to talk about her experience in labor with her husband. She said that she feels that this is her issue.

Ms. Evans described her mood as a big ball of stress. She said that she has dreams that are very scary. She said that she cannot pinpoint the content of the dreams, and they are not recurring dreams. In response to a question about her appetite, she commented that she is fat. She said that she is 5 feet, 3 inches tall and she weighs 180 pounds. She said that she started gaining weight after she had her son and she weighed 156 pounds after her son was born. Ms. Evans said she feels a little better because she had recently lost 15 pounds. She reported that she eats late at night, and she believes that this contributes to the weight gain. Ms. Evans said that she has problems with her concentration. She said that she feels she is all over the place, and it is hard to stay on task. Ms. Evans said that she has problems with energy. She said that she tries to have a good time with Peyton and other family members. Ms. Evans said that she does not have suicidal thoughts. Ms. Evans said she can feel the most depressed in the world, but she will then focus on her son and her husband. Ms. Evans said that she has anxiety attacks, but she does not know what causes them. She said that when she feels the anxiety increasing, she takes a Klonopin.

Ms. Evans said that everything scares her. Ms. Evans said that she did not have her son vaccinated until he was three years old because of her fears. She said that she feels every day is Halloween, and she is terrified of the world. She said that her feelings of terror increased after her son was born. She reported that she does not like to be around people, and she does not like to leave the house because everything worries her.

Ms. Evans returned to discussing the lawsuit. Ms. Evans said that Dr. Akoda said he was a doctor. Ms. Evans said that she is now under the impression that he may not be a doctor. Ms. Evans said that she feels she was harmed and that Dr. Akoda touched her in an inappropriate way during the delivery. She repeated that she does not know if he is a doctor, and she does not know if he has the certification necessary to be a doctor.

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PAST MEDICAL/PAST PSYCHIATRIC HISTORY:

In June 2014, Ms. Evans fell down wooden stairs. She said that there were 15 steep steps in her apartment. She said that she lost her footing. She said that she did not lose consciousness and did not go to the hospital right away. Ms. Evans said that she realized that she was having a significant problem with her back and her legs. She said that she told her husband that it was bad, and she went to the emergency room. She said that she was in the hospital for five days. She said that she had a lot of tests. She said that she had occupational therapy and physical therapy before she was discharged. She said that she did not have any physical therapy after her discharge, and she did not have any follow-up. Ms. Evans said that she and her husband live in a three-bedroom house with her office in the basement. She said there are stairs in the house, and all the stairs are carpeted.

██████████ She said that she just wanted to move out; she did not want to co-parent with her mother any longer. Ms. Evans said that she has always been the adult. She said that she told her mother that she had taken █████ of Tylenol PM, and her mother took her to the hospital. Ms. Evans said that she tried to explain that she had not taken any pills, but she was treated in the hospital █████ Ms. Evans said that she was given charcoal. She said that she had taken █████ She said her stupidity got her into the situation. Ms. Evans said that she believes that this was an involuntary hospitalization. She said that she believes she was treated with fluoxetine. Ms. Evans said that she knew there was nothing wrong with her, and she did not have any follow-up.

Ms. Evans said she did not have any psychiatric or psychological treatment until she began treatment with Dr. Smith in January 2018.

SOCIAL HISTORY:

Ms. Evans said that she has been married for four years, but she and her husband have been together for seven years. Their son, Peyton, was born on March 17, 2016. She said that her husband has three children from a previous relationship, including a 15-year-old boy, an 11-year-old boy, and a 7-year-old girl.

Ms. Evans reported that she has been working for Blue Cross Blue Shield in customer service since June 2015. She was not hired to a permanent position until January 2016 and she did not have any maternity leave. She said that she took off eight weeks and was then able to work from home.

Ms. Evans said that she is studying cybersecurity at Strayer University. She said that she takes two classes a semester and has gotten all A's. Ms. Evans said that she believes she can finish her degree in three or four years. Ms. Evans said she wants to work in the private sector. She said that she is concerned about issues related to voting. She said that her grandmother always worked at the polls, and her grandmother was very politically involved.

Ms. Evans said that she has a good job with health benefits. She said that all the calls are recorded, and five calls a month are reviewed. She said that the job is micromanaged. She said

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that she needs to be on the phone 82% of the time. She said that she cannot be longer than seven minutes on any call, and she only has two minutes to enter the information.

Ms. Evans said that she and her husband, a bus driver, get along well. She said that he is really laid back. Ms. Evans described her son Peyton as “awesome,” very active, and headstrong.

Ms. Evans said that her mother is 61 years old, healthy, and works in a doctor’s office. She said that her father has been in and out of jail for drugs and robbery. She said that her parents were divorced in 2008.

Ms. Evans said that she left school at 16 or 17. She said that she wanted to help her mom. She said that she got a high school diploma and studied a trade to be a nursing assistant.

Ms. Evans denied the use of alcohol. She denied the use of drugs, including marijuana. [Note: Ms. Evans had reported to Dr. Smith that she was using daily marijuana to help with sleep.]

MENTAL STATUS EXAMINATION:

Mental status examination revealed a casually groomed 40-year-old woman. Her speech was goal-directed and spontaneous. Although Ms. Evans discussed her problems with trust, she spoke in a spontaneous fashion, provided a detailed personal history, and easily established rapport.

Ms. Evans described her mood as a big ball of stress. Her affect was labile with frequent crying. She denied suicidal ideation. She would never leave her husband and her son.

Ms. Evans said that she has anxiety attacks. She cannot identify a precipitant. She said that she has vivid dreams, but she does not recall the content of the dreams.

Ms. Evans said that Dr. Donato sent her to a psychiatrist who diagnosed posttraumatic stress disorder. Ms. Evans said that the posttraumatic stress disorder relates to all the previous trauma.

Memory and intelligence were grossly within normal limits.

REVIEW OF RECORDS:

I have reviewed the records identified at the start of the report. The following summaries of information reported in medical records focus on the provided records that referred to psychiatric complaints.

1. Shanda Smith, MD

Ms. Evans had a new patient evaluation on January 17, 2018. The chief complaint was depression and anxiety. Ms. Evans was self-referred after consultation with a primary care doctor. Ms. Evans reported feeling anxious and depressed for most of her life, but worse over the past year since her birthday in March. Ms. Evans reported significant anxiety, described as

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excess worry that was difficult to control. Ms. Evans reported intermittent panic symptoms including shortness of breath, palpitations, and weeping. Ms. Evans seemed to cry out of the blue for no reason. Ms. Evans had passive thoughts of death related to hopelessness but denied any intent or plans because of her strong attachment to her two-year-old son. Ms. Evans endorsed symptoms of depression that included depressed mood, anhedonia, sleep disturbance, low energy, and low appetite. Ms. Evans had poor focus because of anxiety and thoughts jumping around. Ms. Evans was working at home so she could watch her son. He was growing more active, and this was becoming more of a challenge. Ms. Evans denied any specific stressors or changes. She did note that she was not satisfied with her life. She said she could not focus or pursue her goals because of anxiety. She described herself as very private. Her husband was aware of her depression, but she felt he did not know how to respond.

In regard to past psychiatric history, Ms. Evans reported histories of symptoms on and off throughout her adult life. She had one suicide attempt by overdose in 2009. She was admitted to a psychiatric hospital for about five days. Ms. Evans was started on fluoxetine but stopped it soon after discharge. There was no additional or continued care.

Ms. Evans reported that when her parents were divorced, she functioned as a parent to her younger brother, who was nine years younger.

The diagnosis was major depressive disorder, recurrent, severe, with anxious stress, and unhealthy substance behavior, referring to daily marijuana use to help with sleep. The treatment plan was for Prozac and hydroxyzine as needed for sleep and severe anxiety. There would be a video visit on February 16, 2018 and a psychotherapy appointment on January 19, 2018.

The records included correspondence from Ms. Evans to Dr. Smith regarding medication. The plan was to stop hydroxyzine and prescribe trazodone.

The appointment on February 6, 2018 was a structured telephone medication management visit. Ms. Evans reported initial improvement in mood. She was not crying as much since starting Prozac, but about one and a half weeks after increasing to 20 mg, her anxiety increased. The plan was to continue Prozac and use Ativan sparingly for severe anxiety and palpitations. She was taking Prozac 20 mg and trazodone 50 mg at bedtime as needed.

Dr. Smith completed a Family Medical Leave form dated January 22, 2018. The diagnosis was major depressive disorder, recurrent episodes, severe, with anxious stress. The recommendation was for unplanned leave twice a month for eight hours.

There was no mention of Dr. Akoda or the allegations in the Complaint anywhere in the records.

2. Shah Associates Family Practice

The records included a note from Dionne Lucas, PAC dated July 25, 2016. Ms. Evans was a new patient to the practice. Ms. Evans was complaining of feeling sad all the time and having severe anxiety. She had a baby in March 2016, and since then she had not been able to sleep. Ms. Evans was afraid to drive a car. She was afraid of walking down steps with her son because

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she thought she might drop him. She was afraid to let her son be watched by other people. She was losing hair. She had not been able to go into work since her maternity leave ended. When Ms. Evans saw her gynecologist, she was given a note for reasonable accommodation, which allowed her to work from home until August 1, 2016. Ms. Evans was asking for an updated letter and evaluation for this complaint.

Ms. Evans said before she had her baby, she did not have any issues with anxiety and depression. Her husband and mother were described as very supportive. During her pregnancy, Ms. Evans started to complain of lower back pain that would shoot down her left leg. The symptoms continued. She said it was like a vibrating cell phone in her left back pocket. She had not used any medication for this complaint. She had reached her pre-pregnancy weight. Her only injuries to the back occurred during the summer of 2015 from C3 to C5, affecting the right side.

Ms. Evans said her lower back had never been an issue. Her past history included depression, anxiety, and anemia. She was taking naproxen every 12 hours and sertraline 50 mg. She said she had been gaining weight. She was fatigued. She was not able to fall asleep or stay asleep. The impression was depression, anxiety, possibly postpartum. She was started on Zoloft 50 mg. Ms. Evans was given information to consult a mental health professional. She received a note extending reasonable accommodations until the week of September 12, 2016. She had lumbago and sciatica. She had an order for an x-ray of the lumbar spine and an appointment for a nerve conduction study.

There was no mention of Dr. Akoda or the allegations in the Complaint anywhere in the records.

SUMMARY AND IMPRESSION:

It is my opinion that Ms. Evans does not have a psychiatric disorder related to the allegations in the Complaint in *Desire Evans et al. v. Educational Commission for Foreign Medical Graduates*. It is my opinion Ms. Evans has psychiatric conditions of major depression and panic disorder, documented in the available records, but there is no relation between those psychiatric conditions and the allegations in the Complaint. Ms. Evans discussed her feelings about the inappropriate behavior of Dr. Akoda during the delivery of her son. Ms. Evans acknowledged that she did not report this behavior to another treating doctor or nurse or discuss her feelings about Dr. Akoda with her husband. Ms. Evans said that her husband, her mother, and a nurse were in the delivery room and aware of Dr. Akoda's treatment during the delivery. Ms. Evans did not file a malpractice complaint about Dr. Akoda in relation to the delivery of her son.

Ms. Evans has ADA and FMLA accommodations for conditions of depression and anxiety. The symptoms of major depression and panic disorder were documented in the psychiatric report from Shanda Smith, MD, regarding the new patient evaluation on January 17, 2018. This report did not include any reference to Dr. Akoda or ongoing litigation. The chief complaints were depression and anxiety. Ms. Evans reported feeling anxious and depressed for most of her life. Ms. Evans reported significant anxiety, described as excess worry that was difficult to control. Ms. Evans reported intermittent panic symptoms including shortness of breath, palpitations, and weeping. Ms. Evans seemed to cry out of the blue for no reason. Ms. Evans had [REDACTED] related to hopelessness but denied any intent or plans because of her strong

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attachment to her two-year-old son. Ms. Evans endorsed symptoms of depression that included depressed mood, anhedonia, sleep disturbance, low energy, and low appetite. Ms. Evans had poor focus because of anxiety and thoughts jumping around.

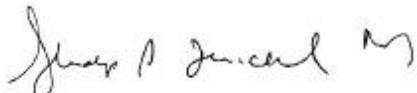
During the evaluation, Ms. Evans said that the current lawsuit relates to a question about Dr. Akoda's "several different names and Social Security numbers," but she could not identify how this allegation has caused her to experience depression and anxiety or cause an increase in her depression and anxiety.

Although Ms. Evans reported ongoing depression and anxiety, she has many strengths. She described a strong marriage and her love for her "awesome" son Peyton. Ms. Evans continues to work, and she is also in school. She believes she can finish her degree in three or four years. Ms. Evans wants to work in the private sector and is concerned about issues related to voting.

In conclusion, it is my opinion that Ms. Evans does not have a psychiatric disorder causally related to her allegations in *Desire Evans et al. v. Educational Commission for Foreign Medical Graduates*, and there was no exacerbation of Ms. Evans' psychiatric conditions as a consequence of the allegations in *Desire Evans et al. v. Educational Commission for Foreign Medical Graduates*.

The opinions noted in this report have been stated within a reasonable degree of medical certainty. I reserve the right to supplement this report if additional records become available for review.

Sincerely,



Gladys S. Fenichel, MD
GSF/jne